

Lay midwives, health profession spar over home births

By Clark H. Caras
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PLEASANT GROVE — Baby Diini (pronounced Deenie) has big blue eyes that look into the face of her mother, who cradles her carefully in her arms. A 6-year-old brother, eyes wide as he looks over his mother's shoulder, smiles at his baby sister.

Diini, born at home Feb. 20, 1986, is the ninth child of Dianne Bjarnson, a midwife and the director of the Utah School of Midwifery, located in the home in which Diini was born.

The infant, in all her innocence, has been thrust on center stage in the undeclared war between Utah's lay midwives and the medical profession.

Diini was delivered with the assistance of another midwife, Gloria Chase, at home during a vaginal breech birth. Sometime during labor the placenta was pulled from the uterine wall and Diini was without oxygen for an estimated 20 minutes. By the time she was born, she had suffered neurological damage.

One only has to see Diini and her mother together to realize the love that has grown between them. Yet the tubes going in and out of Diini's mouth and nose and the heavy rasping as she struggles to breathe set this baby apart from many other newborns.

Her mother believes she is going to be normal. "We've got a lot of work to do with her, but she's beginning to act more and more like a real baby every day," said Bjarnson.

Because Diini's mother is one of Utah's leading advocates of midwifery and home birth, the medical profession is using the experience of her baby's birth to call for stricter controls of lay midwifery.

"You'll hear statistics that claim home births are safer than hospital births, but that's a blatant lie," said Dr. Steven Clark, director of the infant intensive care unit at Utah Valley Regional Medical Center.

"And the fact we've got severely brain damaged children, who would have been normal,

living their lives as vegetables is proof of that."

Clark calls delivering babies at home sky diving without an emergency parachute. "In birth every second and minute count and mean the difference between life and death for an infant."

But neither Bjarnson nor any of her fellow midwives or students at the school believe Diini's birth should be seen as a failure of lay midwifery.

"Utah Valley Hospital is using this as a case to blast us," said Chase. "Even if the baby had been born in the hospital they would not have known it was breeched until it was too late."

"If that baby or any baby going through a birth like that were at the hospital, I would have recommended her mother have a Caesarean-section and no problems would have occurred neurologically," Clark said.

Doctor-patient confidentiality prevented Clark, who was involved in handling the Bjarnson baby after she arrived at the hospital, from commenting specifically on that case, but he was willing to comment on a similar situation.

Clark said a baby then in the intensive care unit was delivered at home vaginally as a breech. "That baby will be a vegetable. And her parents did that to her just as if they had hit that baby over the head with a baseball bat," Clark said.

Bjarnson said she does not blame herself or Chase for what happened.

"It happens," she said. "You can't guarantee anything — no matter where the baby is born."

Following Diini's birth at home the midwives called an ambulance that took the mother and baby to American Fork Hospital. The baby was transferred to Utah Valley Regional Medical Center. Bjarnson praised the efforts of those at the hospitals but made no bones about her feelings toward Clark.

Bjarnson and Clark serve together on the

Utah Health Department's task force on midwifery.

"I was pleased with the care at the hospital, and the staff there was wonderful, although I would have done some things differently myself," said Bjarnson. "But Dr. Clark has called me a cultist and said I was out here killing babies. He has so much anger in his system and he tells lies about home birth in order to scare people," Bjarnson said.

Clark said the stories he tells about problems in home births are true and necessary to counter the lies he believes lay midwives are telling.

The midwives say doctors like Clark are upset about home births because it cuts into their income.

Clark, who deals mostly with newborn emergencies, said he has no financial incentive to speak out against midwives. "In fact, if everyone delivered at home I'd be so busy I would have no free time and I'd be rich."

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Another group that is licensed to deliver babies has also used the Bjarnson example to make its case against lay midwives. Certified nurse midwives are registered nurses with an additional two years of training in midwifery. Unlike the lay midwives, they are licensed by the state and are required to provide their services in hospitals or birthing centers with qualified physicians as backup.

Certified nurse midwife LaRita Evans said the Bjarnson birth should never have happened the way it did.

"We've done 2,500 births in this practice (in a hospital or birthing center) in the past six years and several times, if I'd done some of them at home, I would have lost the baby because there were no backups. But that doesn't happen in a hospital birth."

Evans and other certified nurse midwives have clinics where they offer pre- and post-natal care. All have hospital privileges and will only deliver in hospitals or clinic birthing rooms.

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Women like Janet Hailstone are not dis-



suaded by the arguments of doctors and certified nurse midwives.

On March 1, 1986, Hailstone had been in labor at home for three days, attended by lay midwives. Her husband David finally loaded her into the family car and took her to Utah Valley Regional Medical Center. Neal Hailstone, born that day, is today a healthy baby boy.

"We trusted the midwives. They only wanted what was best for me and my baby. They were more flexible, and they were sympathetic and stayed with me the whole time," Mrs. Hailstone said.

The Hailstones wanted a natural delivery and investigated several birthing centers and hospitals before choosing Evans, a certified nurse midwife, to deliver their baby in a hospital birthing room. Mrs. Hailstone felt more comfortable having a woman in attendance.

Mrs. Hailstone switched to a lay midwife, however, after hearing a Provo radio talk show featuring Orem lay midwife Gloria Chase, who spoke out for home births and lay midwifery.

"I was skeptical about home births and I didn't think I would ever do it," Mrs. Hailstone said. On the radio show, she heard Chase say that home births were safer than hospital births, according to a 1985 study.

The lay midwife convinced her that hospital births could cause problems and that she was capable of handling any difficulties the Hailstone birth might encounter.

"She told me about a muscle tension release exercise that would make birth faster and easier."

She continued to go to the certified nurse midwife while talking with the lay midwife. In Mrs. Hailstone's 38th week of pregnancy, Evans told her the baby's head appeared to be too large for her pelvis and suggested the possibility of a Caesarean section. Janet did not want to consider that possibility.

Chase told the Hailstones she did not think the baby's head was too large and that she had handled similar problems during delivery.

"We just felt there was more of a risk at the hospital," Mrs. Hailstone said.

"We did not make our decision blindly," David said. "We had a broad spectrum of it all. We figured the risks at home or at the hospital, and there was a greater risk of something hap-

PHOTOGRAPHY/ GARY MCKELLAR

Dr. Steven Clark, checking on a patient, says, "You'll hear statistics that claim home births are safer than hospital births, but that's a blatant lie."

the death of her baby — perhaps even her own death," Evans said. The Hailstones disagree.

While praising the work of the hospital staff, the Hailstones are critical that Chase was not allowed to participate in the birth and that hospital personnel lectured them about using a lay midwife.

The Hailstones still believe home birth is the best option.

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Many of the women who have had Bjarnson deliver their babies and who are students at her school say Diini's birth has not discouraged them from continuing with home birth or midwives.

"I haven't lost faith in her," said DeAnn Balezly of Benjamin. "She's delivered three of mine at home for me, and I'll call her again if I have to."

Bjarnson delivered Angie Vincent's son on Dec. 4, 1985, at their home in Provo. Vincent, 22, said she resented the accusations made by doctors and certified nurse midwives about Bjarnson's problem birth.

"We ought to look at their backdoors and see how many problems they've had in the hospitals," she said. "They don't have a clean slate either, and I think home births would come out ahead of their statistics if they would show them," Vincent said.

Clark said the Bjarnson birth or any others like it are proof that lay midwives are not trained to deal with high-risk pregnancies and births.

"These people can't even recognize a high-risk pregnancy," Clark said. "They've no idea what a high risk is or when they need to call the hospital in. I agree with them in their claim that most births can be accomplished at home, but you never know which one will be the problem birth."

"And in the cases that are problems that the midwives deal with, they are just plain liars when they say there are no problems or that they would have happened no matter what."

pening at the hospital than at home."

On Feb. 27, Mrs. Hailstone went into pre-labor and called Chase and the lay midwives to prepare for her baby's delivery at home.

"The midwives were here the whole time. They were here 24 hours a day," Evans, who became concerned when she heard Janet was in labor, went to the Hailstone's apartment. She said the mother's membranes had already ruptured and the risk of infection was great.

Mrs. Hailstone says the nurse midwife's call didn't diminish her faith in the lay midwives but did leave her with doubts about the progress of her labor.

After two days of labor, Chase performed an episiotomy or cutting of the tissues surrounding the birth canal to facilitate delivery. This is one of the procedures where health officials believe lay midwives might slip across the line into "unauthorized practice of medicine."

As they prepared to go to the hospital, Mrs. Hailstone entered the final stages of birth.

"I could probably have had the baby at home, but we trusted the midwives, and they just wanted us to be safe. So we went to the hospital," Mrs. Hailstone said.

She complained that the doctor arrived at the hospital 40 minutes after she did and then wanted to deliver the baby by Caesarean section. The Hailstones refused.

The baby was delivered with forceps, and she was displeased that the placenta was pulled out by the doctor and her uterus scraped. Her baby was taken away for some time, and her pleas to see him ignored, she said.

Evans thinks the Hailstones are lucky under the circumstances that their birthing did not have a tragic outcome.

"I believe the management of her labor was conducted very badly, causing abuse to herself and to her baby. This abuse could have resulted in infection that would have rendered her unable to conceive further pregnancies and in



PHOTOGRAPHY/ TOM SMART

A newborn baby takes hold of its mother's hand — and a new life.